

Best Available Copy

Staple Issue Slip Here

Application  
NAME

POSITION	ID NO.	DATE
CLASSIFIER	21	4/6/95
EXAMINER	441	4/10/95
TYPIST	350	4/14
VERIFIER	20	4/19
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	7/15/95
2	1/6/96
3	2/7/96
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	
Original	
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